

FILED JUN 7 1955 STANDARD CERTIFICATE OF DEATH

State File No. 15069

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 3018		Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, write RURAL and give township) Salem		c. LENGTH OF STAY (In this place) Gladden		c. CITY OR TOWN		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hart Clinic				e. STREET ADDRESS (If rural, give location) Gladden typ			
3. NAME OF DECEASED (Type or Print) Orin O Smith		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH 5-27-55		(Month)		(Day)		(Year)	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Aug 12 1874	
9. AGE (In years last birthday) 80		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and State or Foreign Country) Dent Co Mo	
12. CITIZEN OF WHAT COUNTRY? U S		13a. FATHER'S NAME Chas H Smith		13b. MOTHER'S MAIDEN NAME EdTamor Patterson		14. NAME OF HUSBAND OR WIFE Ida May Daugherty	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Vincent Smith Salem Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Stomach 6 mo.</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerotic Heart Disease 5 yrs.</i>				INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151 X				20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 9, 1955, to May 27, 1955, that I last saw the deceased alive on May 27, 1955, and that death occurred at 1 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>For Mitchell, M.D.</i>				23b. ADDRESS Salem Mo.		23c. DATE SIGNED 5/29/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5-29-55		24c. NAME OF CEMETERY OR CREMATORY Empire Cem		24d. LOCATION (City, town, or county) (State) Gladdene typ Dent Co Mo	
DATE REC'D BY LOCAL REG. 5-29-55		REGISTRAR'S SIGNATURE R.E. Mitchell, M.D.		5150 5. FUNERAL DIRECTOR'S SIGNATURE Carl R. Grinnon		ADDRESS Salem Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1961 8 13

1961 8 13 702

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 23
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.